

## APPLICATION FOR MICHIGAN SCHOOL COUNSELOR LICENSE

### APPLICANT INFORMATION

<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH</b>	<b>MONTH</b>	<b>DAY</b>	<b>YEAR</b>	<b>GENDER</b>
					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>NAME</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Maiden</b>	<b>TELEPHONE NUMBER</b>
					(      )
<b>ADDRESS</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	

### RACIAL AND ETHNIC CATEGORIES

- American Indian or Alaskan Native
- Black, NOT of Hispanic origin
- Hispanic
- Asian or Pacific Islander
- Multiracial
- White, not of Hispanic origin

### ELIGIBILITY CRITERIA (check one)

- Have a Master's or higher degree in school counselor education

### DEGREE INFORMATION

Type of Degree	Name of Degree Granting Institution	Year Degree Conferred
<b>Bachelor's</b>		
<b>Master's</b>		
<b>Specialist's</b>		
<b>Ph.D./Ed.D.</b>		

### CONVICTION/REVOCATION INFORMATION *(If you answer "yes" to any of the following questions, please provide a detailed description of the circumstances surrounding the conviction or action and attach copies of court documents, if applicable.)*

Have you ever been convicted of (or pleaded no contest to) a misdemeanor or felony? <b>(check one)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a teaching/school counselor/school psychologist certificate suspended or revoked? <b>(check one)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there currently action pending against your teaching/school counselor/school psychologist certificate? <b>(check one)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever surrendered a teaching/school counselor/school psychologist certificate? <b>(check one)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_